Program Inspection
Compliance Plan

Provider's Name:	**White Lake Afterschool Program**	City:	**White Lake**	Provider Number:	**014510712**
Inspector:	**Sarah Deakins**	Date of Inspection:	**03/04/2024**	Time of Inspection:	**3:32 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
At the time of the inspection, the program did not have proof of current liability insurance. **At the time of the annual inspection, the program needs to have a proof of current liability insurance.** **Verification of current liability insurance has been received.**	**Compliance Plan** Suggested Completion Date: **03/25/2024** Status: **Corrected**	Actual Completion Date: **04/26/2024**

Jessica Podzimek	**03/04/2024**	**Sarah Deakins**	**03/04/2024**
Provider Signature	Date	Inspector Signature	Date